



Mohegan Tribe Health Department
13 Crow Hill Road
Uncasville, CT 06382

Application must be received no later than 10 business days prior to the event.

APPLICATION FOR TEMPORARY HEALTH AND BEAUTY LICENSE

Applicant Name: _____

Applicant Phone #: _____

Applicant Address (Street, Town, State, Zip code): _____

Name of Event: _____ Date of Event: _____

Location of Event on the Reservation: Earth Expo Sky Convention Center Arena Other

Name of Booth/Vendor: _____

Email: _____ Business Phone #: _____

IG/FB for Website: _____

The following **must be submitted** with application:

- **Copy of Driver's license or photo I.D.**
- **Copy of Professional License (if applicable)**
- **For Tattoo Professionals ONLY:**
 - Documentation of Hepatitis B Vaccination or check refused Refused
 - Copy of Blood-borne Pathogens training certificate.
 - Where are needles discarded? _____
 - **NOTE: ALL NEEDLES AND UTENSILS MUST BE SINGLE SERVICE AND DISCARDED AFTER EACH CLIENT.**
 - How will biohazard waste be stored and removed? _____

Please check all services that you are applying for:

- | | |
|--|--|
| <input type="checkbox"/> Barbering | <input type="checkbox"/> Massage/Massage Therapy |
| <input type="checkbox"/> Body Piercing | <input type="checkbox"/> Nails |
| <input type="checkbox"/> Cosmetology/Hairdressing | <input type="checkbox"/> Tanning |
| <input type="checkbox"/> Esthetician | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Eye lashes | |
| <input type="checkbox"/> Other (please specify): _____ | |

How will utensils and other equipment be disinfected (please list type of disinfectant used)?

I certify that all the above information is true and correct, and I understand any falsification of any information is cause for denial to participate in the Event. I Agree to report any change in my application promptly to the Mohegan Tribe Health Department.

Applicant Signature: _____ Date: _____